

CitizenAudit.org

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2005

**Open to Public
Inspection**

A For the 2005 calendar year, or tax year beginning _____, 2005, and ending _____

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application	Please use IRS label or print or type. See Specific Instructions	C Name of organization DESERET HEALTHCARE EMPLOYEE BENEFITS TRUST		D Employer identification number 87-0467790
		Number and street (or P O box if mail is not delivered to street address) P.O. BOX 45530	Room/suite	E Telephone number 801-578-5628
		City or town, state or country, and ZIP + 4 Salt Lake City, Utah 84145		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

Group Exemption Number ▶

M	Check	X	if the organization is not required
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to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ►

J	Organization type (check only one) ▶	501(c) () ◀ (insert no)	4947(a)(1) or	527
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K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** 286,381,123.00

M Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** *(See the instructions)*

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Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)			
1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	240,661,022
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	656,326
5	Dividends and interest from securities	5	7,126,047
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe Change in unrealized gain/loss)	7	3,858,144
8a	Gross amount from sales of assets other than inventory		
	(A) Securities		
	34,079,584	8a	
b	Less cost or other basis and sales expenses		
	32,741,777	8b	
c	Gain or (loss) (attach schedule)		
	1,337,807.00	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	1,337,807.00
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	253,639,346.00
13	Program services (from line 44, column (B))	13	207,702,094.00
14	Management and general (from line 44, column (C))	14	15,179,904.00
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 13 and 14, column (A))	17	222,881,998.00
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	30,757,348.00
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	90,703,391.00
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	121,460,739.00

Expenses

Net Assets

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

11 P

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>					
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24	207,702,094.00	207,702,094		
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a Program Admin. Fees	43a	15,179,904.00		15,179,904	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	222,881,998.00	207,702,094.00	15,179,904.00	

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <u>Employee Benefits Administration</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a <u>Death, disability, accident and health benefits paid to participants and the related increases in reserves.</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	207,702,094
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	207,702,094.00

Form **990** (2005)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	22,469,155	45	6,222,982
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	8,417,730		
	b Less: allowance for doubtful accounts		47c	8,417,730.00
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	117,971,366	54	161,315,341
	55a Investments - land, buildings, and equipment basis			
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	402,500			
b Less: accumulated depreciation (attach schedule)	89,444	57c	313,056.00	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	44,062,313.00	59	76,269,109.00	
Liabilities	60 Accounts payable and accrued expenses	3,299,604	60	4,450,164
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe <input type="checkbox"/> Claim Reserves)	50,059,318	65	50,358,206	
66 Total liabilities. Add lines 60 through 65	53,358,922.00	66	54,808,370.00	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund	2,400,000	71	2,400,000
	72 Retained earnings, endowment, accumulated income, or other funds	88,303,391	72	119,060,739
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	90,703,391	73	121,460,739
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	44,062,313.00	74	76,269,109.00

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -----	b4	

	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	

	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d ▶	e	

Part V **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Yes	No
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75b		X
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75c	X	

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75d	X	
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Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76		X

77		X

78a		X

78b		
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79		X

80a	X	

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81b		X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		
90 a	List the states with which a copy of this return is filed ▶ N/A		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b		
91 a	The books are in care of ▶ Deseret Mutual Benefits Administrator Telephone no ▶ 801-578-5628 Located at ▶ P.O. Box 45530; Salt Lake City, Utah ZIP + 4 ▶ 84145-0530		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b		X
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Employer & Employee Contr					240,661,022
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					656,326
96 Dividends and interest from securities					7,126,047
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					3,858,144
100 Gain or (loss) from sales of assets other than inventory					1,337,807
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					253,639,346.00
105 Total (add line 104, columns (B), (D), and (E))					253,639,346.00

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Contributions are used solely to provide member health and welfare benefits.
95, 96,	
99, 100	Income is used solely to provide member health and welfare benefits.

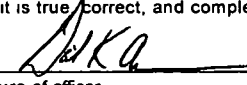
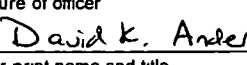
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		July 26, 2006 Date	
Paid Preparer's Use Only	David K. Anderson Controller Type or print name and title			
	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no	

DHC FUND
2005
RECOMPUTED GAIN/LOSS

DESCRIPTION (INTEREST % & MAT DATE CUSIP #)	PURCHASE DATE	DATE SOLD	PAR/SHARES	BOOK VALUE AT SALE	TOTAL PROCEEDS	MKT PRICE 1-1-05	MKT. VL. 1-1-05 (*05 COST)	HISTORIC GAIN/LOSS	RECOMPUTED GAIN/LOSS
PORTFOLIO DHC Fixed									
Bond-Corporate									
Alliance Holdings A2 Float 12/23	4/28/1998	12/6/2005	123493	123224.49	123493.06	90.781	112,108.18	268.57	11,384.88
BB&T Corporation 6.375 6/30/25	2/11/2004	6/30/2005	300000	300000	300000	101.745	305,235.00	0.00	(5,235.00)
British Tel 7.625% 12/1/05	2/5/2004	###/###/###	250000	250000	250000	104.299	260,747.50	0.00	(10,747.50)
Equitable Life 6.95 12/1/05	12/1/2003	12/1/2005	360000	360000	360000	103.152	371,347.20	0.00	(11,347.20)
Intl Lease Fin 5.95 6/6/05	8/1/2003	4/5/2005	560000	563387.81	562531.2	101.277	567,151.20	(856.61)	(4,620.00)
Money Group Inc 7.45 12/15/05	1/27/2004	9/1/2005	490000	497139.48	494704	103.603	507,654.70	(2,435.48)	(12,950.70)
Oasis CBO Float 5/30/11	9/23/1998	5/4/2005	51508	49489.39	51507.49	100	51,508.00	2,018.10	(0.51)
Ryder Vehicle Lease Trust 7 13 1	1/31/2003	1/6/2005	35048	35046.3	35047.72	101.139	35,447.20	1.42	(399.48)
Sonnit Inc 6.875 6/1/05	11/21/2002	6/1/2005	170000	170000	170000	101.25	172,125.00	0.00	(2,125.00)
Southern Pac Trn UNP8 66.07/02/1	10/31/2000	1/6/2005	44596	46037.95	44595.55	111.937	49,919.42	(1,442.40)	(5,323.87)
Spear Leeds & Kellogg 8.25% 8/1/5	2/6/2004	8/15/2005	600000	600000	600000	103.224	619,344.00	0.00	(19,344.00)
Texas Municipal Gas Corp 2.6 07/	9/30/2003	1/3/2005	137250	137947.76	137250	99.334	136,335.92	(697.76)	914.08
Wal Mart 8.57 01/02/2010	1/3/1997	1/3/2005	208435	217673.84	208435.72	109.235	227,683.97	(9,238.12)	(19,248.25)
Total Bond-Corporate				3,349,947.02	3,337,564.74		3,416,607.29	(12,382.28)	(79,042.55)
Bond-Corporate Limited Partners									
Portfolio Advisors Private Equity Fund III L.P.	12/30/2003	Various 2005		0	28,278		0.00	28,278.00	28,278.00
Total Bond-Corporate Limited Partners				0.00	28,278.00		0.00	28,278.00	0.00
CMO-Corporate									
DLJCB 6.675% 4/15/11	4/8/1999	2/1/2005	220163	220162.38	220162.38	102	224,566.26	0.00	(4,403.88)
Total CMO-Corporate				220,162.38	220,162.38		224,566.26	0.00	(4,403.88)
CMO-Government									
Total CMO-Government				0.00	0.00		0.00	0.00	0.00
CMO-IO-Corp									
Total CMO-IO-Corp				0.00	0.00		0.00	0.00	0.00
Mort Govern Agy									
Total Mort Govern Agy				0.00	0.00		0.00	0.00	0.00
Mortgage Pass Thru									
Citicorp 9.25 07/31/08	10/12/1978	1/1/2005	630	626.21	630.68	100	630.00	4.47	0.68
Glendale 9.125 01/25/08	9/20/1979	1/1/2005	412	404.52	410.73	99.794	411.15	6.21	(0.42)
Total Mortgage Pass Thru				1,030.73	1,041.41		1,041.15	10.68	0.26
Common Funds									
ING Investments - High Yield Bond Fund Collective Trst	10/20/2004	Various 2005		0.00	-48643.56		0.00	(48,643.56)	(48,643.56)
Total Common Funds				0.00	(48,643.56)		0.00	(48,643.56)	0.00
Mutual Fund									
Sev Institutional High Yield Bo	11/4/2004	9/16/2005	27149	311945.67	300000	11.3	306,783.70	(11,945.67)	(6,783.70)
Total Mutual Fund				311,945.67	300,000.00		306,783.70	(11,945.67)	(6,783.70)

				(11,945 '70)	(0 03)
Real Estate					
Comerstone	Various	2005	0.00	3,716.47	3,716.47
Essex	Various	2005	104,938.73	264,342.99	62,111.99
Koll/Bren II	Various	2005	32,718.06	427,358.00	73,487.00
Prudential SPFund II	Various	2005	168,640.00	290,788.99	122,148.99
RREEF	Various	2005	0.00	6,790.69	6,790.69
Total Real Estate			306,296.79	992,997.14	268,255.14
				686,700.35	0.00
Futures					
S & P 500 Futures Contracts Mar 2005	Various In 2004	2005	9	2,661,133.50	2,738,191.50
S & P 500 Futures Contracts Mar - Dec 2005	Various In 2005	2005	36	10,977,514.00	11,114,166.00
Russell 2000 Futures - March 2005 (Short Position)	Various in 2004	2005	(9)	(2,841,741.50)	(2,888,558.50)
Russell 2000 Futures - Mar-Dec 2005 (Short Position)	Various In 2005	2005	(41)	(13,282,018.33)	(13,573,591.50)
Bond Futures March 2005 (Short Position)	Various in 2004	2005	(3)	(335,793.00)	(335,738.25)
Bond Futures Mar - Dec 2005	Various In 2005	2005	244	268,531,822.95	269,487,161.07
Total Futures				24,032,277.62	24,003,230.32
				28,221,660.21	28,834,630.43
PORTFOLIO DHC Fixed				612,970.22	(1,479,319.84)

PORTFOLIO DHC Fixed

30,313,950 27	612,970 22	(1,479,319 84)
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PORTFOLIO • DDIMF Stock

PORTFOLIO - *DDMF Stock										
Mutual Fund										
Artisan Mid Cap Fund #962	0431411303	11/30/2004	9/1/2005	76106	21.49999 93	2321238 96	29 56	2,249,693 36	171,239 03	71,545 60
Artisan Intl Cap Fund #662	0431411402	12/31/2001	3/1/2005	33501	607195 59	780000	22 23	744,727 23	172,804 41	35,272 77
Preferred International Value #2	7403717306	2/28/2003	3/1/2005	11947	156897 44	199990	16 41	196,050 27	43,092 56	3,939 73
Vanguard Institutional Index Plu	9220402029	4/2/2001	1/3/2006	16665	1569446 61	1900000	110 71	1,844,982 15	330,553 39	55,017 85
Total Mutual Fund					4,483,539 57	5,201,228 96		5,035,453 01	717,689 39	165,775 95

PORTFOLIO: •DDMF Stock

5,035,453 01	717,689 39	165,775 95
	717,689 24	0 15

PORTFOLIO, DPCR Fixed

PORTFOLIO. DIICR Fixed										
Mutual Fund										
Artisan Intl Fund Instl #662	0431411402	12/31/2001	3/1/2005	573	10563.27	13000	22.23	12,737.79	2,436.73	262.21
Goldman Sachs Mid Cap Growth #113	38142Y401	11/30/2004	9/1/2005	44	926.21	1000	22.19	976.36	73.79	23.64
Longleaf Partners Small-Cap Fund	543069207	12/31/2001	6/1/2005	211	461.27	6100	29.85	6,298.35	1,487.63	(198.35)
Preferred International Value #2	74037F306	12/31/2001	3/1/2005	580	6581.3	9570	16.41	9,517.80	2,988.70	52.20
TGM Small Cap Growth	742935455	11/30/2004	3/1/2005	513	11151.16	11755	22.55	11,568.15	603.84	186.85
Vanguard 500 Index Fund #40	922908108	4/3/2000	12/1/2005	20	2743.09	2300	111.64	2,232.80	(443.09)	67.20

PORTFOLIO: DHCR Fixed

43,331 25	7,147 60	393 75
	7 147 63	(0 03)

Grand Total Fixed Income & Stocks

35,392,734.53	13,337,807.21	(1,313,150.14)
<hr/>		
<hr/>		
GEN LEDGER		
DHC	2,345,283.85	
DHR	7,147.63	
	<u>2,352,431.48</u>	
DIFFERENCE	1,014,624.27	
emotional Stocks	1,014,624.42	(0.15)

SCHEDULE H FORM 5500

DESERET HEALTHCARE EMPLOYEE BENEFIT PLAN
December 31, 2005

SECURITY DESCRIPTION	COUPON RATE	MATURITY DATE	PAR OR SHARES	COST	MARKET VALUE	
U.S. GOVERNMENT SECURITIES						
Fed Home Ln Bank 3 5 9/7/2007	4 000	09/07/07	750,000	750,000	742,500	Bond-Government
Freddie Mac (StepCoup) 09/14/2007	4 250	09/14/07	750,000	750,000	744,140	Bond-Government
SLMA 5 05 3/15/14	5 050	3/15/14	100,000	100,000	98,686	Bond-Government
SLMA Float 12/15/09	4 873	12/15/09	500,000	500,000	500,163	Bond-Government
U S Treasury 4 375 11/15/08	4 375	11/15/08	10,400,000	10,419,262	10,401,622	Bond-Government
U S Treasury 6 875% 8/15/25	6 875	8/15/25	2,500,000	3,235,978	3,219,530	Bond-Government
U S Treasury 8 125 05/15/21	8 125	5/15/21	400,000	478,136	553,766	Bond-Government
TOTAL U.S. GOVERNMENT SECURITIES				16,233,376	16,260,406	
CORPORATE DEBT INSTRUMENTS						
Alliance Holdings A2 Float 12/23/09	5 085	12/23/09	242,454	241,936	220,633	Bond-Corporate
American Standard 7 375% 2/1/08	7 375	02/01/08	700,000	731,153	729,252	Bond-Corporate
Amentech Cap 6 15 1/15/2008	6 150	01/15/08	170,000	165,886	173,154	Bond-Corporate
AT&T Broadband 8 375 3/15/13	8 375	03/15/13	450,000	514,909	520,865	Bond-Corporate
Bank One Corp 6 1 02/01/06	6 500	02/01/06	550,000	551,824	550,731	Bond-Corporate
Bausch & Lomb 6 95 11/15/07	6 950	11/15/07	800,000	824,652	824,067	Bond-Corporate
Bayer Lndbk NY FI 9/17/2007	4 190	09/17/07	250,000	250,000	250,000	Bond-Corporate
Cred Suisse Fin Products Float 7/2/07	4 084	07/02/07	600,000	597,389	600,000	Bond-Corporate
CSX Trans 6 3% 4/15/12	6 300	04/15/12	30,000	27,852	31,853	Bond-Corporate
Daimlerchrysler Hldg 7 25% 01/18/06	7 250	01/18/06	500,000	501,129	500,426	Bond-Corporate
El Paso Corporation 7 875 6/15/12	7 875	06/15/12	450,000	349,060	463,500	Bond-Corporate
Emerald CBO 7% 05/24/11	7 000	05/24/11	900,000	900,000	910,125	Bond-Corporate
Federal Express 8 4 3/23/10	8 400	03/23/10	450,000	502,864	471,551	Bond-Corporate
Firststar Bank NA 7 125% 12/01/09	7 125	12/01/09	100,000	99,653	107,889	Bond-Corporate
Fiserv Inc 4 4/15/08	4 000	04/15/08	800,000	776,669	776,838	Bond-Corporate
Fleming Cos Inc 10 625% 7/31/2007	0 000	07/31/07	750,000	674,619	75	Bond-Corporate
Ford Capital BV F 9 5% 6/1/10	9 500	06/01/10	800,000	844,730	670,000	Bond-Corporate
France Telecom 7 75% 3/1/11	8 750	03/01/11	430,000	507,643	480,284	Bond-Corporate
Fred Meyer 7 45% 3/1/08	7 450	03/01/08	350,000	365,231	364,693	Bond-Corporate
Gen Elec Cap Crp FI 03/02/09	4 216	03/02/09	700,000	689,810	685,881	Bond-Corporate
GMAC 7 775 1/19/2010	7 750	01/19/10	400,000	423,694	373,555	Bond-Corporate
Goldman Sachs Floater 01/02/2008	4 515	01/02/08	60,000	59,542	60,409	Bond-Corporate
Hilton Hotels 8 25% 2/15/11	8 250	02/15/11	600,000	597,539	657,544	Bond-Corporate
Ingersoll-Rand 6 391 11/15/2027	6 391	11/15/27	400,000	387,409	452,622	Bond-Corporate
Kroger Co 6 75% 4/15/12	6 750	04/15/12	360,000	402,038	378,593	Bond-Corporate
Landesbk Bad NY FI 2/28/2007	4 150	02/28/07	250,000	250,000	249,738	Bond-Corporate
Liberty Property 7 75 4/15/09	7 750	04/15/09	500,000	498,286	537,388	Bond-Corporate
Mercantile Cap I USB FI 02/01/2027	5 150	02/01/27	400,000	396,394	395,426	Bond-Corporate
Nantucket 7 35% 5/10/2010	0 000	05/10/10	800,000	798,753	0	Bond-Corporate
National Fuel Gas 6% 3/1/9	6 000	03/01/09	500,000	467,539	514,143	Bond-Corporate
Oasis CBO Float 5/30/11	4 976	05/30/11	24,160	23,241	24,148	Bond-Corporate
Odyssey RE Hldgs 7 65 11/01/13	7 650	11/01/13	330,000	362,515	344,819	Bond-Corporate
PP&L Capital Fdg 8 375 6/15/07	8 375	06/15/07	500,000	528,433	522,156	Bond-Corporate
RLI Corp 5 95 01/15/14	5 950	01/15/14	450,000	457,752	447,614	Bond-Corporate
Rodamco 7 75 5/15/15	7 750	05/15/15	80,000	93,742	96,014	Bond-Corporate
Safeway Inc 6 15% 3/1/06	6 150	03/01/06	320,000	321,847	320,123	Bond-Corporate
South Carol E&G 7 125% 6/15/13	7 125	06/15/13	100,000	99,418	113,429	Bond-Corporate
Southern Pac Tran 8 66 07/02/11	8 660	07/02/11	479,174	492,795	513,358	Bond-Corporate
Southwest Gas Corp 7 59% 1/17/17	7 590	01/17/17	50,000	50,182	59,118	Bond-Corporate
Sovereign Bank 4 2/1/08	4 000	02/01/08	450,000	442,340	441,164	Bond-Corporate
Texas Municipal Gas Corp 2 6 07/01/07	2 600	07/01/07	175,500	176,100	171,139	Bond-Corporate
Tricon Global 7 65 05/15/08	7 650	05/15/08	630,000	667,040	664,931	Bond-Corporate
Tyco Intl Group 6 125% 11/1/08	6 125	11/01/08	520,000	528,339	530,803	Bond-Corporate
Wal Mart 8 57 01/02/2010	8 570	01/02/10	690,979	716,745	727,345	Bond-Corporate
Williamette Industries 7 3 06/25/2013	7 300	06/25/13	175,000	172,713	194,982	Bond-Corporate
DLJCB 6 675% 4/15/11	6 675	04/15/11	127,959	127,959	129,799	CMO-Corporate
Citicorp 9 25 07/31/08	9 250	07/31/08	1,347	1,339	1,347	Mortgage PasThr
Glendale 9 125 01/25/08	9 125	01/25/08	512	505	510	Mortgage PasThr
TOTAL CORPORATE DEBT INSTRUMENTS				19,661,208	18,254,031	
STOCKS						
COMMON STOCKS						
BRANDES INTERNATIONAL						
COMPASS GROUP PLC			32,600	132,384	123,404	BRANDES
UNILEVER PLC			20,400	170,209	201,899	BRANDES
MORRISON SUPERMARKETS			93,611	337,467	310,965	BRANDES
ROYAL & SUN ALLIANCE INS			42,674	89,507	92,125	BRANDES
INVENSYS PLC			201,584	388,185	64,022	BRANDES

CORUS GROUP ORD COMMON	136,778	105,914	138,539	BRANDES
GLAXOSMITHKLINE PLC	8,900	187,360	224,448	BRANDES
BOMBARDIER INC 'B'	42,135	94,182	99,553	BRANDES
BRASIL TELECOM PART SA	160	3,195	5,976	BRANDES
COMPANIA ANONIMA TEL ADR	5,164	103,220	73,845	BRANDES
CONTAX PARTICIPACOES SA	6,063	3,696	6,730	BRANDES
CENTRAIS ELETRICAS ADR	19,600	207,680	153,860	BRANDES
BT GROUP PLC	75,505	361,120	288,734	BRANDES
MARKS & SPENCER GROUP PLC	28,166	144,670	244,186	BRANDES
ITV PLC	97,400	184,721	188,112	BRANDES
BANCA INTESA SPA	32,358	95,099	170,801	BRANDES
CREDITO ITALIANO	44,100	181,204	302,746	BRANDES
RENAULT SA	1,137	49,553	92,405	BRANDES
KT CORPORATION ADR	5,590	111,346	120,465	BRANDES
KOREA ELECTRIC POWER ADR	12,380	132,686	241,286	BRANDES
FRANCE TELECOM SA	9,800	254,532	242,636	BRANDES
ABN AMRO	1,100	25,724	28,662	BRANDES
AHOLD (KON) NV	32,166	270,322	240,169	BRANDES
MUENCHENER RUECKVER AG	800	92,429	107,924	BRANDES
HEIDELBERGER DRUCKMASC	2,300	72,588	87,927	BRANDES
AKZO NOBEL	5,300	201,296	244,751	BRANDES
VOLKSWAGEN AG	4,686	226,190	247,019	BRANDES
BANCO BILBAO VIZCAYA-ARG	5,166	49,646	91,891	BRANDES
DAIMLERCHRYSLER	5,500	208,060	279,483	BRANDES
SWISSCOM AG	410	110,594	129,024	BRANDES
NLG UNILEVER NV CVA	3,829	237,695	261,280	BRANDES
WOLTERS KLUWER - CVA	8,589	82,415	173,040	BRANDES
SANOFI-SYNTHELABO	1,798	133,329	156,942	BRANDES
BANCO SANTANDER CENTRAL	6,700	51,763	88,118	BRANDES
TELEFONICA SA	14,458	186,013	216,756	BRANDES
PORTUGAL TELECOM SA	17,032	131,114	171,771	BRANDES
DEUTSCHE TELECOM AG	17,360	300,243	287,907	BRANDES
STMICROELECTRONICS NV	14,710	224,319	263,218	BRANDES
ALCATEL	20,000	265,056	246,998	BRANDES
ZURICH FINANCIAL SERVICES	558	90,230	118,548	BRANDES
DBS GROUP HOLDINGS LTD	22,316	129,502	221,442	BRANDES
MITSUBISHI TOKYO FINANC	13	111,913	176,226	BRANDES
FUJI PHOTO FILM	6,500	201,437	214,776	BRANDES
HITACHI LTD	36,000	221,013	242,481	BRANDES
JARDINE MATHESON HOLDINGS	4,124	20,519	70,933	BRANDES
KOREA ELECTRIC POWER	1,990	43,078	74,415	BRANDES
KOREA TELECOM CORPORATION	470	16,446	18,993	BRANDES
MILLEA HOLDINGS, INC	12	123,296	206,388	BRANDES
LG ELECTRONICS INC	3,000	185,234	265,024	BRANDES
SUMITOMO MITSUI FINANCIAL	18	88,880	190,630	BRANDES
NORTEL NETWORKS	39,500	118,500	120,870	BRANDES
MITSUBISHI HEAVY	27,000	77,286	118,953	BRANDES
NIPPON TEL & TEL	72	337,756	326,968	BRANDES
ONO PHARMACEUTICAL CO LTD	3,800	152,573	171,600	BRANDES
ROHM CO	400	37,102	43,480	BRANDES
SONY CORP	8,315	287,962	339,560	BRANDES
TDK CORP	1,300	62,603	89,545	BRANDES
MITSUMI SUMITOMO INSURANCE	13,000	107,205	158,934	BRANDES
TAISHO PHARMACEUTICAL	5,000	101,653	93,620	BRANDES
TELECOM CORP OF NZ	32,235	125,820	131,942	BRANDES
ASTELLAS PHARMA INC	4,300	126,417	167,585	BRANDES
NESTLE	1,300	307,967	387,647	BRANDES
TELECOM ITALIA SPA	41,717	82,118	121,050	BRANDES
HYPO REAL ESTATE HOLDING	1,575	28,714	81,631	BRANDES
SK TELECOM CO LTD ADR	5,019	107,429	101,836	BRANDES
TELECENTRO OESTE CELULAR	371	4,063	4,163	BRANDES
TELENORTE LESTE PART ADR	3,563	42,490	63,849	BRANDES
TELEBRAS ADR	2,500	84,515	85,875	BRANDES
TELEFONICA S A ADR	807	21,279	36,331	BRANDES
TELEFONOS DE MEXICO ADR	6,900	90,595	170,292	BRANDES
TELELESTE CELULAR ADR	29	0	410	BRANDES
TELESP CELULAR PART ADR	350	1,621	1,323	BRANDES
TIM PARTICIPACOES --ADR	231	0	5,840	BRANDES
SAINSBURY (J) PLC	33,162	175,020	179,473	BRANDES
OVERSEA CHINESE BANKING	28,800	83,322	116,045	BRANDES
DAIICHI SANKYO CO LTD	11,254	160,863	216,918	BRANDES
ELECTRICITE DE FRANCE	4,881	186,775	184,121	BRANDES
TOTAL COMMON STOCKS		10,349,925	12,029,334	

LIMITED PARTNERSHIPS

Portfolio Advisors Private Equity Fund II LP (Class C Special Situations)	643,088	819,545	Corp LLP
Portfolio Advisors Private Equity Fund III LP (Class C Special Situations)	265,145	265,145	Corp LLP
TOTAL LIMITED PARTNERSHIPS	908,233	1,084,690	

REAL ESTATE

Aetna Life Insurance Co (RESA)	10,585,003	12,554,043	REAL ESTATE
Legacy Partners	721,429	695,852	REAL ESTATE
MS Prime	4,336,229	4,786,546	REAL ESTATE
Prudential (PRISA)	11,175,962	13,247,230	REAL ESTATE
Reef America II	4,568,348	5,185,681	REAL ESTATE
Strategic Perf Fund II (PAMG)	486,584	483,302	REAL ESTATE
TOTAL REAL ESTATE	31,873,555	36,952,655	

COMMON/COLLECTIVE TRUSTS

ING High Yield Bond Fund Collective Tst	1,381,842	1,341,589	Common Fund
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REGISTERED INVESTMENT COMPANIES

Artisan Intl Fund Instl #662	182,126	3,341,665	4,629,644	Mutual Fd-Stock
CIP Sands Capital Instt Growth MF	212,044	2,500,000	2,500,000	Mutual Fd-Stock
Goldman Sacs Mid Cap Growth #1132	150,166	3,199,216	3,326,180	Mutual Fd-Stock
Legg Mason Value Fund #1347	108,543	4,900,000	8,209,073	Mutual Fd-Stock
Longleaf Partners Fund-Large Value #133	119,689	3,078,675	3,706,765	Mutual Fd-Stock
Longleaf Partners Small-Cap Fund # 134	115,685	2,762,866	3,125,813	Mutual Fd-Stock
Managers Times Square Mid Cap Fund 171	212,755	2,262,065	2,353,070	Mutual Fd-Stock
Mazama Small Cap Growth Fund	251,582	2,192,119	2,576,198	Mutual Fd-Stock
One Group Mortgage-backed Securtty Fund	1,483,230	15,695,235	15,484,916	Mutual Fd-Mortg
Preferred International Value #233	417,161	6,042,768	7,154,319	Mutual Fd-Stock
Seix Institutional High Yield Bond-1	124,743	1,412,693	1,340,988	Mutual Fd-Bond
TCM Small Cap Growth	116,690	2,548,163	3,141,299	Mutual Fd-Stock
Vanguard 500 Index Fund #40	2,726	291,810	313,317	Mutual Fd-Stock
Vanguard Institutional Growth Index#86	211,008	5,470,681	5,811,165	Mutual Fd-Stock
Vanguard Institutional Index Plus #854	50,116	4,719,701	5,713,754	Mutual Fd-Stock
Vanguard Intermediate Corp Bond Fund#71	8,901	86,872	87,055	Mutual Fd-Bond
Vanguard ST Corp Mutual Fund #858	16,495	177,436	173,367	Mutual Fd-Bond
Wells Fargo Large Cap Growth #87	107,710	4,337,193	5,303,638	Mutual Fd-Stock
TOTAL REGISTERED INVESTMENT COMPANIES		65,019,160	74,950,560	

OTHER INVESTMENTS

Core-Mark Holding Company Warrants	913	0	12,326	Warrants
Russell March 2006 Futures	(12)	78,268	162,000	Stk Futures
S&P March 2006 Futures	17	317,095	267,750	Stk Futures
TOTAL OTHER INVESTMENTS		395,363	442,076	

TOTAL DESERET HEALTHCARE INVESTMENT ASSETS

145,822,660	161,315,341
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These figures are a check:**DESERET HEALTHCARE @ MARKET**

	WORKPAPER	INTL RECLASS	ADJUSTED MV
ASSETS			
CASH	6,222,982	0	6,222,982
INVESTMENT ASSETS (ADJ TO COMMON STOCKS)	161,374,430	(59,089)	161,315,341
OTHER RECEIVABLES	8,154,515	59,089	8,213,604
INTEREST RECEIVABLE	517,182	0	517,182
TOTAL ASSETS	176,269,109	0	176,269,109
LIABILITIES & SURPLUS			
A/P TRADES & SECURITY LENDING	743,119	0	743,119
OTHER LIABILITIES	3,707,045	0	3,707,045
RESERVES	50,358,206	0	50,358,206
SURPLUS	121,460,739	0	121,460,739
TOTAL LIABILITIES & SURPLUS	176,269,109	0	176,269,109

Deseret Healthcare Employee Benefits Trust
Computer Software Equipment
87-0467790

Business Intelligence System	402,500
Accumulated Depreciation	<u>(89,444)</u>
Computer Software, net	<u><u>313,056</u></u>

Deseret Healthcare Employee Benefits Trust
75c: Individuals permitted to vote
87-0467790

Deseret Mutual Benefit Administrators
Board of Directors
(individuals permitted to vote)

Rodney H. Brady, Chairman
Clint R. Gurney, Vice Chairman
Ralph Christensen
Kent H. Cannon
Roger G. Christensen
Robert A. Johnson
Michael J. Stapley
Jim W. Wall
Sandra Rogers

Deseret Healthcare Employee Benefits Trust
80a: Related organizations
87-0467790

Related Organizations

Corporation of the President of the Church of Jesus Christ of Latter-Day Saints
Corporation of the Presiding Bishopric of the Church of Jesus Christ of Latter-Day Saints
Beneficial Life Insurance Company
Bonneville International
Brigham Young University
Brigham Young University - Hawaii
Brigham Young University - Idaho
Agreserves, Inc.
Deseret Mutual Benefit Administrators
Deseret Book Company
Deseret Management Corporation
Deseret News Publishing Company
Deseret Trust Company
Ensign Peak Advisors, inc.
Property Reserve, Inc.
Hawaii Reserves, Inc.
Hotel Temple Square Corporation
LDS Business College
LDS Family Services
Polynesian Cultural Center
Zions Securities Corporation

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	DESERET HEALTHCARE EMPLOYEE BENEFITS TRUST		87-0467790
	Number, street, and room or suite no. If a P.O. box, see instructions		
	P.O. Box 45530		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Salt Lake City, Utah 84145-0530		

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Deseret Mutual Benefit Administrators

Telephone No. ► 801-578-5628

FAX No. ► 801-578-5904

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until August 15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year 2005 or
► ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☐

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	DESERET HEALTHCARE EMPLOYEE BENEFITS TRUST	87-0467790
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does **not** have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the **whole** group, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until _____
- 5 For calendar year _____, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐ Title ☐ Controller Date ☐ May 11, 2006

Notice to Applicant - To Be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)